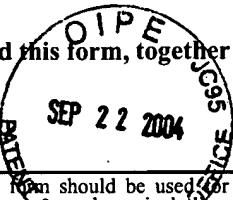


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

IFw/B
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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or **Fax**

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7590 06/30/2004

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<i>Patty Giebler</i> <i>Patty Giebler</i>	(Depositor's name) (Signature) 9-17-04 (D)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/620,990	07/16/2003	Randy Clinton Giles	GILES 70-15	8829

TITLE OF INVENTION: OPTICAL CROSS CONNECT EMPLOYING A CURVED OPTICAL COMPONENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAFER, RICKY D	2872	359-838000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

① **LUCENT TECHNOLOGIES INC.** (B) RESIDENCE: (CITY AND STATE OR COUNTRY)
① **MURRAY HILL, NJ 07974** ② **Agere Systems Inc., Allentown, PA 18109**
STATE OF DELAWARE

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
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 Advance Order - # of Copies _____

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.

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(Authorized Signature)

(Date)

Patty Giebler 9-17-04

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